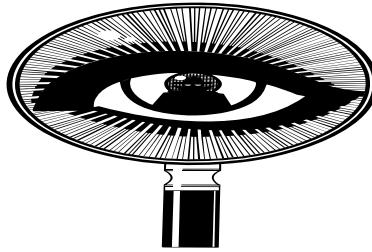


Registration Form

Complaint Investigation Training

Division of Health Service Regulation
701 Barbour Drive – Conference Room 201
Raleigh, North Carolina
December 16 – 17, 2008



Please complete and return by December 8, 2008 to:

Division of Health Service Regulation
Adult Care Licensure Section
2708 Mail Service Raleigh Center
Raleigh, North Carolina 27699

<i>LAST NAME</i>	<i>FIRST NAME</i>	<i>COUNTY</i>	<i>TITLE</i>
1			
2			
3			
4			

Please complete and return to:

Debra.Price@ncmail.net

Or mail to:

**Adult Care Licensure Section
Attention: Debra Price
2708 Mail Service Center
Raleigh, NC 27699**

*****To e-mail, save the form as a word document and attach to your e-mail. ****